Harbor Island - PRP Main Record
PRP ID No.: 030 C Refer to PRP ID No.:
Tax ID(s): 76667()3015
Mail Name: Lockheed Shipbuilding & Construction (U.
Address: 2929 14 Are S.W.
City: <u>Seatto</u> State: <u>WA</u> Zip: 48134
Contact: John Lave Phone: (204) 292 - 5656
Facility ID: Type:
Duration of Operation:
Business Confidentiality? Facility possibly produces/uses HS? Facility produces HW? Facility uses HS? Spill(s) onsite? Well(s) onsite? HW Insurance policy? Investigation(s) onsite? (Yes /No / Yes / Ye
Recommended priority (H/M/L)
Technical Reviewer (name/date): Kkelly /w J. PwWl 7-11-87 QA/QC Reviewer (name/date):
Note: All referenced document codes have the prefix TES4-T10-3513-02.
Property leaved print Tishes mills. USEPA SF 1561008

45225

Harbor Island - Spills

PRP ID No.:	Refer to PRP ID No.:	
Reviewer's Initials:	Date:	
1) Date:	Location:	
Volume:		
Chem. Designation: RCRA	CERCLA NONE	
Cleaned Up? :	Disposed at:	
	,	
	Location:	
Chemical:		
Volume:		
Chem. Designation: RCRA		
	Disposed at:	
Transporter:		
3) Date:	Location:	
Chemical:		
Volume:		
Chem. Designation: RCRA		
	Disposed at:	
Comments:		

Harbor Island - Environmental Investigations

PRP ID No.:	Refer to PRP ID No.:
Document Number:	
Reviewer's Initials:	Date:
1) Date Conducted:	
2) Date Conducted:	
Summary:	
Proceedings of the Control of the Co	
3) Date Conducted:	
Summary:	

Harbor Island - Wells

PRP ID No.:	Refer to PRP ID No.:
Document Number:	
	Date:
1) Date Drilled:	
Currently in use? (Yes/No) 2) Date Drilled:	
Currently in use? (Yes/No) 3) Date Drilled: Location:	
Comments:	

Harbor Island - HW Insurance Policies

Document Number: Reviewer's Initials: Date: Type: Insurer: 2) Date Expired: Type: Insurer: Insurer: Insurer: Insurer: Insurer:	PRP ID No.:	co PRP ID No.:
Reviewer's Initials:	Document Number:	
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Insurer:		
2) Date Expired: Type: Insurer: 3) Date Expired: Type:		
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Insurer:	Type:	
3) Date Expired: Type:		
Type:		
Comments:		
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Harbor Island - Hazardous Waste Produced (Page 1 of 3) PRP ID No.: _____ Refer to PRP ID No.: ____ Document Number: Reviewer's Initials:_____ Date:____ 1) Date Produced: Chemical: Volume: Chem. Designation: RCRA CERCLA NONE HW Stored (where and how): Disposed (include map #):_____ Transporter: 2) Date Produced: Chemical: Volume: Chem. Designation: RCRA CERCLA NONE HW Stored: Disposed: Transporter: 3) Date Produced: Chemical: Volume: Chem. Designation: RCRA CERCLA NONE HW Stored: Disposed: Transporter: Comments:

Harbor Island - Hazardous Waste Produced (Page 2 of 3) Document Number: Reviewer's Initials:_____ Date:____ 4) Date Produced: Chemical: Volume: Chem. Designation: RCRA CERCLA NONE HW Stored: Disposed: Transporter: 5) Date Produced: Chemical: Volume: Chem. Designation: RCRA CERCLA NONE HW Stored: Disposed: Transporter: . 6) Date Produced: _____ Chemical: Volume: Chem. Designation: RCRA CERCLA NONE HW Stored: Disposed:____ Transporter:____

Comments:

Harbor Island - Hazardous Waste Produced (Page 3 of 3)

U	ocument Number:			
	eviewer's Initials:			
7)	Date Produced:	Single-state control of the state of the sta		
	Chemical:			
	Yolume:			
	Chem. Designation: RCRA	CERCLA	NONE	
	HW Stored:			
	Disposed:			
	Transporter:			
		Direction of the state of the s		
8)	Date Produced:			
6	Chemical:			
	Volume:			
	Chem. Designation: RCRA	CERCLA	NONE	
	HW Stored:			
	Disposed:			
	Transporter:			
9)	Date Produced:			
	Chemical:			
	Volume:			
	Chem. Designation: RCRA		NONE	
	HW Stored:			
	Disposed:			
	Transporter:			
	Comments:			

Harbor Island - Hazardous Material Used (Page 1 of 3) PRP ID No.: _____ Refer to PRP ID No.: ____ Document Number: Reviewer's Initials:_____ Date:____ 1) Date Used: Chemical: Volume: Chem. Designation: RCRA____ CERCLA___ NONE__ HM Handled (where and how):_____ Used Up? (in process):_____ Supplier: 2) Date Used: _____ Chemical: Volume: Chem. Designation: RCRA____ CERCLA___ NONE___ HM Handled: Used Up?: Supplier: 3) Date Used: _____ Chemical: Volume: Chem. Designation: RCRA CERCLA NONE HM Handled: Used Up?: Supplier: Comments:

Harbor Island - Hazardous Material Used (Page 2 of 3)

D	ocumen	t Number:
		er's Initials: Date:
		Used:
		Chemical:
		Volume:
	Chem	. Designation: RCRA CERCLA NONE
	H	M Handled:
	Us	sed Up?:
		Supplier:
5)	Date	Used:
		Chemical:
		Volume:
	Chem.	Designation: RCRA CERCLA NONE
	НМ	Handled:
		ed Up?:
		Supplier:
5)	Date	Used:
		Chemical:
		Volume:
	Chem.	Designation: RCRA CERCLA NONE
	НМ	Handled:
		ed Up?:
		Supplier:
	-	
	Com	nents:

Harbor Island - Hazardous Material Used (Page 3 of 3) Document Number: Reviewer's Initials:______ Date:_____ 7) Date Used: _____ Chemical: Volume: Chem. Designation: RCRA CERCLA NONE HM Handled: Used Up?: Supplier: 8) Date Used: Chemical: Volume: _____ Chem. Designation: RCRA CERCLA NONE HM Handled: Used Up?: Supplier: 9) Date Used: _____ Chemical: Volume: Chem. Designation: RCRA CERCLA NONE HM Handled: Used Up?: Supplier: Comments: